

**DEPARTMENTAL APPROVAL
SIGN-OFF SHEET**

Name of Applicant: _____ Date: _____

Mailing Address: _____

Owner: _____

Property Location: _____

Inland Wetlands:

Signature: _____ Date: _____

Remarks: _____

Planning:

Signature: _____ Date: _____

Remarks: _____

Zoning:

Signature: _____ Date: _____

Remarks: _____

Health Department:

Signature: _____ Date: _____

Remarks: _____

WPCA:

Signature: _____ Date: _____

Remarks: _____

Fire Marshal:

Signature: _____ Date: _____

Remarks: _____

Engineering:

Signature: _____ Date: _____

Remarks: _____

Tax Collector:

Signature: _____ Date: _____

Remarks: _____

Applicant's Signature: _____